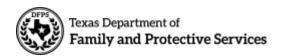


PAL LIFE SKILLS TRAINING SATISFACTION SURVEY

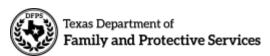
Purpose: The contractor must use this form to conduct an evaluation when the youth completes the training series to identify areas of improvement for the training curriculum.

Directions: The contractor must provide the DFPS Preparation for Adult Living (PAL) staff with a copy of this form by the 15th calendar day of the month following the month of the training series conclusion.

CLASS INFORMATION								
In the <i>Unique Form Number</i> field below, the contractor fills in a number on enough forms to distribute to each youth completing training (for example, from 1 to 10 if 10 youths have completed training). Use a different number for each form. Distribute the numbers randomly (do not assign a specific number to a specific youth).								
Unique Form Number: Class Location:			Date:					
Agency:			Trainer's Name:					
EVALUATION								
Please put an X in the box that best describes how you feel about the statement. For example, if you "strongly agree" with the first statement, put an X in the first column, and so on. If the statement does not describe your feelings, put an X in the N/A column.								
STATEMENT		STRONGLY AGREE (YES!)	AGREE	DISAGREE	STRONGLY DISAGREE (NO!)	N/A:		
1. The location was a good place to learn.								
2. The field trips helped me understand the topics we were learning.								
3. I learned things that will help me in the future.								
4. The trainers clearly explained the benefits of the PAL program.								
5. The trainers knew what they were talking about.								
6. The trainers were friendly and easy to talk with.								
7. The trainers taught in ways that helped me understand.								
8. The trainers let me ask questions.								
9. I was happy with the services given to me. (If not, please explain in Other Comments, below.)								
Youth Name: (Not Requi	red)							



COMMENTS						
Which classes or topics were most useful to you and why?						
Which classes or topics were least useful to you and why?						
How can we make the training better?						



Other Comments:						
FOR CONTRACTOR USE ONLY						
Date provided to DFPS staff:						